

**NORTH CAROLINA MEDICAID
SYNAGIS FOR RSV PROPHYLAXIS**
(Please submit to your pharmacy distributor of choice)



Prescriber's Name _____ DEA # _____
Practice Name _____ Medicaid Provider # _____
Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____ Office Contact _____

Patient Name _____ DOB _____
MID Number _____ Patient Estimated Gestational Age _____ (in weeks)

Clinical Information

For the following four diagnoses, DOB must be on or after 10/15/04:

- ☐ Chronic Lung Disease of Prematurity (Bronchopulmonary Dysplasia)
The infant has Chronic Lung Disease (bronchopulmonary dysplasia) and has necessitated treatment (supplemental oxygen, bronchodilator, diuretic, corticosteroid) in the six months before the start of the season.
- ☐ Hemodynamically Significant Congenital Heart Disease
Infants less than 12 months of age who are most likely to benefit include those receiving medication to control CHF, moderate to severe pulmonary hypertension, and/or cyanotic heart disease.
- Infants NOT at increased risk from RSV who generally should NOT receive immunoprophylaxis include:
- hemodynamically insignificant heart disease such as secundum atrial/septal defect, small VSD, pulmonic stenosis, uncomplicated aortic stenosis, mild coarctation of the aorta, PDA
 - lesions adequately corrected by surgery unless the infant continues on medication for CHF
 - mild cardiomyopathy where the infant is not receiving medical therapy
- ☐ Cystic Fibrosis
The infant has Cystic Fibrosis and either requires chronic oxygen or has been diagnosed with nutritional failure.
- ☐ Severe Congenital Immunodeficiency
Severe combined immunodeficiency disease or severe acquired immunodeficiency syndrome.

Infant is born at an EGA of:

- ☐ ≤ 28 weeks and DOB is on or after 10/15/05
☐ 29-32 weeks and DOB is on or after 4/15/06

If born between 32 weeks and 1 day and 35 weeks and 0 days gestation, must be less than 6 months of age (DOB on or after 4/15/06) at the start of the season and have two or more defined risk factors:

- ☐ School-age Siblings
☐ Attends Day Care
☐ Severe Neuromuscular Disease
☐ Exposure to prolonged wood burning heaters which are the primary source of heat for the family. Tobacco smoke is NOT a risk factor because it can be controlled by the family.
☐ Congenital abnormalities of the airways

Dosing Information

Current Weight: _____ lbs. or _____ kg
Number of doses requested for this infant: _____ (no more than 5 and adjusted if an infant received the drug prior to hospital discharge)
Starting date requested _____ Ending date requested _____

Prescriber Signature (Signature Required)

Date